MANITOWOC HEALTH CARE CENTER - FDD

4200 CALUMET AVENUE

MANI TOWOC Phone: (920) 683-4100 Ownership: 54220 County Operated from 1/1 To 12/31 Days of Operation: 366 Highest Level License: **FDDs** Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/00): 34 Title 18 (Medicare) Certified? No Total Licensed Bed Capacity (12/31/00): 34 Average Daily Census: 30 Number of Residents on 12/31/00: 30

| Services Provided to Non-Residents | | Age, Sex, and Primary Diagn | osis of | Residents (12/3 | 1/00) | Length of Stay (12/31/00) | % | |
|------------------------------------|---|-----------------------------|---------|-----------------|--------|---------------------------------|--------|--|
| Home Health Care | No | Primary Diagnosis | % | Age Groups | % | Less Than 1 Year | 10. 0 | |
| Supp. Home Care-Personal Care | No | | | | | 1 - 4 Years | 6. 7 | |
| Supp. Home Care-Household Services | No | Developmental Disabilities | 96. 7 | Under 65 | 76. 7 | More Than 4 Years | 83. 3 | |
| Day Services | ervices No Mental Illness (Org. /Psy) | | 0.0 | 65 - 74 | 20.0 | 1 | | |
| Respite Care | Yes | Mental Illness (Other) | 0.0 | 75 - 84 | 0.0 | 1 | 100. 0 | |
| Adult Day Care | No | Alcohol & Other Drug Abuse | 0.0 | 85 - 94 | 3. 3 | ************* | ****** | |
| Adult Day Health Care No | | Para-, Quadra-, Hemi plegic | 3. 3 | 95 & 0ver | 0.0 | Full-Time Equivalent | | |
| Congregate Meals No | | Cancer | 0.0 | | | Nursing Staff per 100 Residents | | |
| Home Delivered Meals No Fractur | | Fractures | 0.0 | | 100.0 | (12/31/00) | | |
| Other Meals | No | Cardi ovascul ar | 0.0 | 65 & 0ver | 23. 3 | | | |
| Transportation | No | Cerebrovascul ar | 0.0 | | | RNs | 0. 5 | |
| Referral Service | No | Di abetes | 0.0 | Sex | % | LPNs | 8. 3 | |
| Other Services | ner Services No Respiratory | | 0.0 | | | Nursing Assistants | | |
| Provi de Day Programming for | | Other Medical Conditions | 0.0 | Male | 70. 0 | Aides & Orderlies | 47. 8 | |
| Mentally Ill | No | | | Female | 30. 0 | 1 | | |
| Provide Day Programming for | | | 100.0 | | | | | |
| Developmentally Disabled | Yes | | | | 100. 0 | ĺ | | |
| ********** | ·*** | · ************ | ***** | ************ | ****** | ********* | ****** | |

Method of Reimbursement

| | | Medi c | are | | Medi c | ai d | | | | | | | | | | | |
|--------------------|------|--------|---------|----|--------|----------|-----|------|---------|-----|--------|----------|-----|--------|----------|-------|------------|
| | | (Title | 18) | | (Title | 19) | | 0th | er | Pri | i vate | Pay | 1 | Manage | d Care | | Percent |
| | | | Per Die | em | | Per Die | m | | Per Die | m | | Per Dien | 1 |] | Per Diem | Total | Of All |
| Level of Care | No. | % | Rate | No | . % | Rate | No. | % | Rate | No. | % | Rate | No. | % | Rate | No. | Resi dents |
| Int. Skilled Care | 0 | 0. 0 | \$0.00 | 0 | 0. 0 | \$0.00 | 0 | 0. 0 | \$0.00 | 0 | 0. 0 | \$0.00 | 0 | 0. 0 | \$0.00 | 0 | 0. 0% |
| Skilled Care | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0. 0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0. 0 | \$0.00 | 0 | 0.0% |
| Intermediate | | | | 0 | 0. 0 | \$0.00 | 0 | 0. 0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0. 0 | \$0.00 | 0 | 0.0% |
| Limited Care | | | | 0 | 0.0 | \$0.00 | 0 | 0. 0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0% |
| Personal Care | | | | 0 | 0. 0 | \$0.00 | 0 | 0. 0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0% |
| Residential Care | | | | 0 | 0. 0 | \$0.00 | 0 | 0. 0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0. 0 | \$0.00 | 0 | 0.0% |
| Dev. Di sabl ed | | | | 30 | 100. 0 | \$138.66 | 0 | 0. 0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 30 | 100.0% |
| Traumatic Brain In | j. 0 | 0.0 | \$0.00 | 0 | 0. 0 | \$0.00 | 0 | 0. 0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0% |
| Ventilator-Depende | nt 0 | 0.0 | \$0.00 | 0 | 0. 0 | \$0.00 | 0 | 0. 0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0. 0 | \$0.00 | 0 | 0.0% |
| Total | 0 | 0. 0 | | 30 | 100. 0 | | 0 | 0. 0 | | 0 | 0. 0 | | 0 | 0.0 | | 30 | 100.0% |

MANITOWOC HEALTH CARE CENTER - FDD

County: Mani towoc

| Admi ssi ons, Di scharges, and | | Percent Distribution | n of Residents' | Condi t | ions, Services, a | nd Activities as of 12/3 | 31/00 |
|--------------------------------|--------------|----------------------|-----------------|---------|-------------------|--------------------------|------------|
| Deaths During Reporting Period | | | | | | | |
| | | | | (| % Needi ng | | Total |
| Percent Admissions from: | | Activities of | % | As | sistance of | % Totally | Number of |
| Private Home/No Home Health | 0.0 | Daily Living (ADL) | Independent | 0ne | Or Two Staff | Dependent | Resi dents |
| Private Home/With Home Health | 0.0 | Bathi ng | 0. 0 | | 70. 0 | 30. 0 | 30 |
| Other Nursing Homes | 0.0 | Dressi ng | 23. 3 | | 46. 7 | 30. 0 | 30 |
| Acute Care Hospitals | 0.0 | Transferri ng | 66. 7 | | 16. 7 | 16. 7 | 30 |
| Psych. HospMR/DD Facilities | 0.0 | Toilet Use | 53. 3 | | 13. 3 | 33. 3 | 30 |
| Rehabilitation Hospitals | 0.0 | Eati ng | 66. 7 | | 20. 0 | 13. 3 | 30 |
| Other Locations | 100 | ************ | ******** | ***** | ******* | ******** | ****** |
| Total Number of Admissions | 3 | Continence | | % | Special Treatme | nts | % |
| Percent Discharges To: | | Indwelling Or Extern | nal Catheter | 3. 3 | Receiving Res | piratory Care | 0.0 |
| Private Home/No Home Health | 0.0 | 0cc/Freq. Incontine | nt of Bladder | 73. 3 | Receiving Tra | cheostomy Care | 0. 0 |
| Private Home/With Home Health | 0.0 | 0cc/Freq. Incontine | nt of Bowel | 63. 3 | Receiving Suc | ti oni ng | 3. 3 |
| Other Nursing Homes | 0.0 | Ī | | | Receiving Ost | omy Care | 3. 3 |
| Acute Care Hospitals | 0.0 | Mobility | | | Receiving Tub | e Feeding | 10.0 |
| Psych. HospMR/DD Facilities | 25. 0 | Physically Restrain | ed | 40. 0 | Receiving Mec | hanically Altered Diets | 13. 3 |
| Rehabilitation Hospitals | 0. 0 | İ | | | · · | · · | |
| Other Locations | 25. 0 | Skin Care | | | Other Resident | Characteri sti cs | |
| Deaths | 50. 0 | With Pressure Sores | | 0. 0 | Have Advance | Di recti ves | 100. 0 |
| Total Number of Discharges | | With Rashes | | 0. 0 | Medi cati ons | | |
| (Including Deaths) | 4 | İ | | | Receiving Psy | choactive Drugs | 56. 7 |

Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities

| | Thi s | I | FDD | All Facilties | | |
|--|----------|-------|----------|------------------|--------|--|
| | Facility | Fac | cilities | | | |
| | % | % | Ratio | % | Ratio | |
| Occupancy Rate: Average Daily Census/Licensed Beds | 88. 2 | 85. 5 | 1. 03 | 84. 5 | 1. 04 | |
| Current Residents from In-County | 83. 3 | 42. 1 | 1. 98 | 77. 5 | 1. 08 | |
| Admissions from In-County, Still Residing | 33. 3 | 19. 5 | 1. 71 | 21. 5 | 1. 55 | |
| Admissions/Average Daily Census | 10. 0 | 16. 4 | 0. 61 | 124. 3 | 0. 08 | |
| Discharges/Average Daily Census | 13. 3 | 19. 2 | 0. 69 | 126. 1 | 0. 11 | |
| Discharges To Private Residence/Average Daily Census | 0. 0 | 9. 2 | 0. 00 | 49. 9 | 0.00 | |
| Residents Receiving Skilled Care | 0. 0 | 0. 0 | 0. 00 | 83. 3 | 0.00 | |
| Residents Aged 65 and Older | 23. 3 | 16. 2 | 1. 44 | 87. 7 | 0. 27 | |
| Title 19 (Medicaid) Funded Residents | 100. 0 | 99. 5 | 1. 01 | 69. 0 | 1. 45 | |
| Private Pay Funded Residents | 0. 0 | 0. 5 | 0. 00 | 22. 6 | 0. 00 | |
| Developmentally Disabled Residents | 96. 7 | 99. 3 | 0. 97 | 7. 6 | 12. 65 | |
| Mentally Ill Residents | 0. 0 | 0. 5 | 0. 00 | 33. 3 | 0. 00 | |
| General Medical Service Residents | 0.0 | 0. 2 | 0. 00 | 18. 4 | 0. 00 | |
| Impaired ADL (Mean)* | 42. 0 | 50.8 | 0. 83 | 49. 4 | 0. 85 | |
| Psychological Problems | 56. 7 | 45. 9 | 1. 23 | 50. 1 | 1. 13 | |
| Nursing Care Required (Mean)* | 3. 8 | 11. 0 | 0. 34 | 7. 2 | 0. 52 | |